

ABSTRACT

Background

Left bundle branch block is an electrocardiographic diagnosis that is significantly associated with a higher than normal risk of morbidity and mortality. The risk is increased in all the patients with or without overt heart disease. Majority of the patients usually have antecedent hypertension, coronary artery disease or dilated non ischemic cardiomyopathy at the time of diagnosis of LBBB. It can also occur as an isolated abnormality in asymptomatic patients. However, even in isolated LBBB, they will eventually go on to develop one of these cardiovascular abnormalities which translate into a higher mortality. The major causes of death are due to myocardial infarction, heart failure, and arrhythmias including high-grade AV block.

Aims and Objectives

To study the clinical and echocardiographic profile in left bundle branch block patients in a tertiary care institute

Materials and methods

About hundred patients who met the inclusion and exclusion criteria were selected from the opd of internal medicine during a period of 6 months. A complete history was taken followed by a detailed physical and cardiovascular examination. The patients were then subjected to detailed Echocardiographic examination.

Observation and results

In our study, the most common presenting symptom was dyspnoea in 54 % and chest pain in 44%. 12 % of the patients were asymptomatic. 13% were known diabetic, 52 % hypertensive and 28 % had coronary artery disease. The most common finding in echocardiography was Left ventricular hypertrophy in 39 patients. 26 of these patients had ischemic DCM with systolic dysfunction. 23 had non ischemic DCM. 2 patients had Rheumatic heart disease. 10 had normal Echocardiogram. Significant association was found between dyspnea, hypertension, CAD and DCM with a p value < 0.05 . There is a significant association between Left ventricular hypertrophy and age, Diabetes, Hypertension and CAD.

Conclusion

The prevalence of Left bundle branch block increases with increasing age. Majority of patients had antecedent cardiovascular disease at the time of diagnosis.

Most common causes include hypertension and dilated cardiomyopathy. Even isolated LBBB ultimately leads to major cardiovascular disease. Most common presenting symptom is dyspnoea followed by chest pain. The most common finding in Echocardiogram is Left Ventricular Hypertrophy followed by Dilated Cardiomyopathy.